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THIS week the Homœopathic Medical Society of the State will meet in Albany. The session promises to be of great interest. As will be seen in another column our college will be ably represented by professors and alumni. The papers would seem to be of an especially practical nature.

IF we were to judge of the condition of the Hahnemannian Society only by the preparations that are being made for its annual exercises, the impression would be that it is more thoroughly alive than ever. The exercises are to be held in a pleasant and easily accessible hall, and a popular and talented speaker is to give the address. In no particular are they to fall below the standard of former years. Yet if the attendance on the quizzes is any indication to go by, the interest in the society is flagging sadly. Very few of them are as fully attended as the self-interest of the men would seem to insure. The object of the Society is a good one,

and in the past it has conferred much benefit on its members, but if the present state of things be not remedied its usefulness is at an end.

AS the close of the college year draws near and the time approaches when the members of the Senior Class who are able to run successfully the gauntlet of the Faculty and censors are to be turned adrift on a cold and unsympathizing world, the query, "Where are you going to locate?" becomes a burning one. Scarcely can one listen to the conversation of a group of Seniors for five minutes without hearing the question. Perhaps it is not remarkable that it should be so prominent. There are several periods in a young man's life when important decisions must be made. An answer must be found to questions which pertain to his success and happiness in life. One of these periods arrives when he is called upon to decide what business or profession shall be his life work. To decide is sometimes easy, but more often difficult. Circumstances and inclinations have to be considered. To the man who chooses a profession another of these decisive periods comes when his professional studies are completed. Where shall he go? Circumstances often settle this, too, but not always. It often requires a cool unbiased decision. The present indications are that the class of '86 will be widely scattered, some in the hospitals, a few in New York and the greater number in the cities and towns of the East, West and South.

AT the dinner of the class of '86 just before the Christmas holidays some enthusiastic member of the class who was enjoying himself immensely proposed that the whole Hahnemannian Society should have a dinner before the end of the year. The proposition met with general approval, and many said they would support it.

up the ureters and invade the pelves of the kidneys. Our efforts, then, however negative towards reducing the hypertrophy, should be directed against its results, and in this direction much may be accomplished. First, systematic, complete emptying of the bladder one or more times a day by use of a proper catheter. At such times it is well to wash out the viscus with simple warm water, followed by a medicated injection to relieve the catarrhal condition, the frequency of such procedure and the character of the remedial agent being dependent upon the severity of the catarrhal disease. Boracic acid, five to ten grains to the ounce; acetate of lead, one-third to one grain to the ounce, and nitric acid, one or two drops of the pure acid to the ounce, are some of the best agents for such purposes. Internally, various drugs may be exhibited, depending upon individual cases and symptoms, such as oil of eucalyptus, benzoate of ammonia, benzoic acid, populus, chimaphila, buchu, parvira brava, uva ursi, triticum repens. In the case before us we have no symptoms beyond the inability to empty the bladder. No pain or tenderness, and the urine is not very catarrhal, that is, has not a great excess of mucus or pus, though it has a strong odor; generally smells of ammonia, as he tells us. We will, therefore, order him benzoate of ammonia *ix* trituration. For the paresis three remedies are especially homœopathic, as they will, and have produced paralysis of the bladder, viz.: belladonna, opium and hyoscinamus. To these we would add nux and ignatia. Locally, the bladder should be washed daily with water, warm at first, gradually lowering the temperature until cold water is used. This has a powerful tonic effect. Electricity also produces good results.

Surgery.

Excision of the Superior Maxillary Bone.

THE patient, æt. forty-five years, was suffering from an abnormal growth on the above named bone. Prof. Helmuth made an examina-

tion and rendered a diagnosis of Giant-cell Sarcoma, and advised its removal. The tumor had grown to the size of an orange, and the patient's power of perception on the effected side was greatly diminished. The Professor gave a concise description of the excision about to be performed, and demonstrated the advisability of performing tracheotomy first, as a matter of convenience, and because it much lessened the danger to the patient. All the preliminaries having been accomplished, an incision was made in the median line immediately below the cricoid cartilage and extending about two inches toward the upper border of the sternum. The subcutaneous tissue was then carefully divided, and sterno-hyoid and sterno-thyroid muscles exposed on either side. The lips of the incision were separated and held apart, with the retractor, by Prof. Doughty. The plexus of thyroid veins was then brought to view, and drawn aside in a similar manner. A few spurting arterial twigs were ligated, and with the aid of the left index finger, which was kept constantly in the opening, the trachea was felt, and being steadied by a hook, an opening was made through the second and third rings, at right angles to the plane of the wound, cutting upward in the line of the incision. Entrance into the trachea was at once indicated by a rush of air and mucus. A tracheal tube closed by a screw, in order to bring the sides of the instrument in apposition, so that it resembled a thin silver wedge, was without any trouble passed into the incision, without the use of dilators, which saved time; the screw was then reversed, the blades opened, and a full sized tracheotomy tube slipped into the pilot. In a few moments steady and regular breathing was established. The anæsthetic was now given through this artificial opening. The patient's pharynx was then packed with four good sized antiseptic sponges, with cords attached, in order to prevent the blood from passing into the trachea. The operator then turned his attention to the excision about to be performed, and marking with his eye the projected line of incision, followed his tracings by dividing the upper lip directly beneath the septum nasi. The incision was then carried

around the ala of the nose up to the inner angle of the eye, and from thence parallel with the lower margin of the lid to junction of the superior maxillary and malar bones. The advantage of this incision is that it avoids the large vessels and nerves, and fully exposes the bone to be removed. The flap was then dissected off and the tumor exposed. The wounded arteries were ligated. The hard palate was then sawn through, together with the upper portion of the nasal process, and the remaining bony attachments severed, partly with the saw and partly with the bone cutter. The lion-jawed forceps were then used to lift the diseased mass from its remaining attachments, after which a few touches of the knife and scissors completed the operation. There was considerable oozing of blood in the cavity, and this was controlled by ligatures and the use of Pacquelin's Cautery. The cavity was thoroughly cleaned and the edges of the wound brought together and held by interrupted silk sutures and hare-lip pins. Several sponges were left within the cavity produced by the removal of the bone, and the patient was put carefully to bed. The tracheotomy tube was removed the second day, and the sponges and pins on the third day, and at the present writing the patient is doing remarkably well. The operation was witnessed by thirteen students from the college

Operation for Varicocele.

PERFORMED BY PROF. HELMUTH.

THIS disease consists of a varicose enlargement of the spermatic veins, and is usually of slight consequence. Generally a suspensory bandage is all that is required for the treatment, together with strict attention to hygiene; but in some cases other means are desirable, as when a varicocele steadily increases in size, and when it is accompanied with much distress, annoyance pain, etc., as in this case. The diagnosis is rendered easy by the peculiar feeling imparted to the fingers as of a bunch of worms. The

patient had been operated on by other surgeons five times previously to this, with no appreciable success, and, being desirous of a complete cure, was advised to visit the Hahnemann Hospital and have the radical cure for varicocele performed by Prof. Helmuth. Many methods of operating have been employed. Henry's operation was advisable in this case.

The patient was placed in a recumbent position, and under the influence of an anæsthetic. The assistant washed the parts and shaved the hair from the integument. The scrotum was put on the stretch, and Henry's clamp applied. Four pins were placed between the blades to prevent the scrotum from slipping. The superfluous scrotum was then removed by the use of shears, the slight amount of bleeding having been controlled by ligatures, and the parts cleansed antiseptically; the edges of the wound were then brought together by an uninterrupted catgut suture, and a dressing of marine lint lubricated with carbolized vaseline was applied, with a temporary bandage to retain it in position. The patient was then removed from the operating table, and, in ten days from the date of the operation, was discharged cured.

Professor Helmuth's Clinics.

AT THE COLLEGE.

FRED TAYLOR, a young man about eighteen years of age, was the first patient presented to the clinic. About six months ago he fell from a height of about twenty-five feet, striking his testicles. Professor Helmuth examined the case and then gave a very clear and practical discourse on the anatomy and physiology of the testicles, epididymus and cords, illustrating his remarks by delineations on the blackboard. He pronounced this a case of Epididymitis, an inflammation of the epididymus. He advised the use of a suspensory bandage to support the weight, and prevented pulsatilla 3rd three times a day.

The next case was the case of miner's elbow or enlarged bursa, which had been to the clinic

about two or three weeks previous. The bursa was much improved and the treatment—which was continued—consisted of external pressure and mezerium internally.

The next case was Michael O'Brien, æt. forty-seven years. He had fallen down a flight of stairs, striking on his hand, which was turned under him and twisted to one side. After an examination was made it was pronounced a fracture of the metacarpal bone of the little finger. A pad was placed along the side of the bone for the purpose of holding it in position, when a felt splint was applied, which extended over about one half the hand on its dorsal and palmar surfaces and from near the tips of the fingers to about four or six inches up the forearm. This was secured by a roller bandage and several strips of adhesive plaster were placed over this to keep the bandage from slipping. This same man came to the clinic about two years ago with a fracture of the lower jaw, which Prof. Hel-muth set, and with the treatment of which the patient was very much pleased.

Materia Medica.

Some Practical Applications of a Few Drugs.

IT is well that we pay particular attention to the physiological action in reading up our Materia Medica. This will aid us in remembering the symptomatology and will give us, in brief, the main sphere of action of each drug. Given a thorough knowledge of its physiological action, the main features of its expression can be clearly and rapidly traced. On the other hand, if we attempt to learn and retain symptoms without reference to their cause, without understanding the reason why they are produced, we find our Materia Medica a perplexing, discouraging and unpleasant study.

Some of our important drugs must be learned symptom by symptom and must be constantly fresh in our minds; but in regard to drugs of

minor importance, all we can do at present is to retain their most important lines of usefulness.

It is with the desire to aid our student readers that the following remedies are given, with conditions in which they are very often useful and which we are justly expected to understand.

ARUM TRIPHYLLUM.—Sore throat, glands swollen, burning rawness in the throat extending to the nose, voice breaks in talking.

RHODODENDRON.—Rheumatism relieved at once by continued motion, aggravated on the eve of a storm, but relieved after storm breaks.

Orchitis and epididimitis, where testicle is intensely painful, pains extending to abdomen and thighs, especially of left side. (Puls. has much the same condition, but the pains extend from abdomen, through the cords to the testes.)

IGNATIA.—Hysteria headache, as though a nail were being driven into the side of the head. All symptoms are contradictory—she is cold during the fever and hot during the chill, the pain in the head is relieved by lying on the painful side; an all-gone feeling in the epigastrium.

Twitchings of isolated muscles.

DULCAMARA.—Very useful in a cold taken from damp weather.

Rheumatic stiff neck, diarrhœa from hot days and cool nights, especially if associated or alternating with nettle rash.

LYCOPODIUM.—Fan-like motion of alae-nasi in pulmonary troubles. Flatulence with indigestion, eructations of tasteless gas (Carb. v. has much the same gastric symptoms, with the exception that the eructations in Carb. v. are very sour). Feels hungry, but a few mouthfuls fill him up. Tendency for all trouble to become chronic and deep-seated. Red, sandy sediment in urine. All symptoms aggravated from four to eight P. M.

Nux. V. Mood is irritable, dull headache with vertigo begins in the morning and is accompanied by an intoxicated, dizzy sensation, which is felt before opening the eyes. (Bry. has this morning headache, but it is not felt until the eyes are opened, then the head seems to turn in a circle.) The Nux. headache is also aggravated by eating and from wine and coffee. It has

proven itself valuable in antidoting the effects of alcohol, but Sulphuric Acid is more to be thought of in the acid condition of the stomach shown by sour eructations, sour vomit, etc., that come after a long-continued abuse of alcohol; also where the stomach is dependent upon alcohol. All drinks distress him unless they contain some spirit.

Nux. has a very decided action on the intestinal tract. It causes—not torpor—but an irregular *action* of this canal. The patient has a desire for stool, but suddenly peristaltic action is reversed, and he is unable to relieve himself. Troubles due to sedentary habits, as often seen in business men who are good livers and take slight exercise.

GLONOINE.—Throbbing all through the body, intense throbbing in the head without pain, fullness in the head that bewilders him so that well-known streets appear strange.

Sulphur. In chronic cases, where the well-selected remedy does not act. Whether this drug acts by simply arousing the vital forces so that they respond to the action of indicated remedies, or because it is the true drug for these conditions, is not fully established.

A faint feeling, as from lack of food, is seen each day at eleven A. M.

Constipation, stool large, hard and dry, ineffectual urging, especially in the rectum. Hemorrhoids that itch and burn, and are aggravated by cold water (all conditions are aggravated by water—in children needing Sulphur there will be aversion to water, and they often cry while being washed). Heat on the vertex, heat in the palms and soles.

IODINE.—Goitre. Memb. croup, when respiration is dry and sawing, face cold and pale, voice deep and gradually grows deeper. (Iodide of Potash often will relieve if Iodine alone fails, especially if child wakes up choking; no air seems to enter the lungs.)

Pneumonia, when consolidation, begins at the apex and spreads rapidly. Fever is high and there is great thirst. Iodine is especially useful in scrofulous people, whose glands are enlarged by scrofula and finally atrophy.

BROMINE.—One of the most valuable remedies

in memb. croup, and it is well to use this unless there are special indications for some other drug. The voice is hoarse and croupy. Child gasps for breath longer and seems to be full of mucus, but he does not raise any.

CHLORINE.—Easy inspiration, while expiration is well nigh impossible.

PHOSPHORUS.—Sensation of a band over the eyes. Hoarseness, raw pain in the larynx. Sensation that larynx is lined with fur.

Bronchitis, with dry, hard cough, aggravated by talking or lying on the left side. Cough accompanied by sense of pressure on the chest. Pneumonia, with hepatization rusty expectoration.

Tendency to Phthisis. Debility. Night sweats. Painless diorrhœa that is watery and contains white flakes. Sexual debility. Impotence. Copious emissions.

PHOS. ACID.—Mental or physical overwork. Dull, stupid headache. Inability to think. School children's headache.

Sexual organs weak from abuse or excesses. Lascivious dreams, with emissions, followed by impotence.

Copious, painless, non-exhausting, though long lasting, diarrhœa.

ARSENIC.—Anæmia. Neuralgia, with burning pains. Bronchitis, with dry cough, as from inhaled sulphur. Burning rawness in chest. Cough aggravated by any change in the temperature of the air. Gastritis or gastric ulcer, with intense burning and constant nausea. Painless, dark, offensive diarrhœa. Peculiar thirst (for small amounts often). Rapid emaciation in all complaints. Chronic nephritis. Dropsy. Pale, waxy œdema.

Apocynum and Gelsemium

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

(From an extemporaneous lecture, phonographically reported).

IN the order of *Apocynaceæ* are a number of plants, which we use as medicines. Among these may be mentioned *Apocynum cannabinum*, *Gelsemium sempervirens*, *Vinca minor*, *Oleander*

Nux vomica, *Ignatia*, and *Woorari*. This order of plants is very poisonous; some of them may even cause death.

The symptoms of the first one on the list, *Apocynum*, I gave you when referring to the dropsy of *Apis*; but I will repeat them here. You will recall that it is useful in dropsy of non-organic origin, either in local dropsy, such as ascites, or in general cellular dropsy. Almost always you will find that there is a goneness or sinking sensation in the pit of the stomach, together with an intolerance of fluids. If the patient is thirsty and takes a drink of water, he vomits it at once. The first symptom showing the beneficial action of *Apocynum* is usually a profuse flow of urine. Then the dropsy begins to diminish. I have frequently cured dropsies with the high potencies of *Apocynum*. Many, however, have been obliged to use the tincture. I mention that in order that you may know that it is sometimes necessary to use the tincture of *Apocynum* in order to produce the desired result.

Apocynum also has some action on the joints, producing a rheumatic condition. The joints feel stiff, especially on moving in the morning.

You will recall, too, that I mentioned *Apocynum* as a remedy in hydrocephalus; the head is large; there is bulging of the frontal bone; the fontanelles are wide open; there is squinting, and, in extreme cases, the patient is blind; one side is paralyzed. The case much resembles *Apis*, but lacks the cephalic cry. It is indicated in more advanced cases than *Apis*. One or two cases have been cured by the continued use of the remedy.

GELSEMIUM.

This is a remedy, to acquire a thorough knowledge of which will not tax you much. Its sphere of action is well defined. In poisoning cases we find that the prominent and universal symptom is paralysis of the motor nerves. The mind at first is clear, or there may be a slightly stupefied condition, as in case of one intoxicated, a sluggishness in thought and in emotion. Still later in the toxic effects of the drug you will note that the sphincters become relaxed. The anus remains open, permitting the escape of

fæces. Urine escapes freely and involuntarily. Later, respiration becomes labored, as though the muscles had not the power to lift the chest. Finally, the heart muscle gives out and the patient dies. Looking, then, at these symptoms as presenting in a nutshell the action of this drug, we find that it is a depressant. It acts upon the cerebro-spinal system, particularly upon the anterior columns of the cord. We also see that, by producing this sluggishness of thought, this stupid state of the mind, it must have an action on the vascular system. It is through the vaso-motor nerves that it produces passive congestion, and I would like to say that this congestion may be either venous or arterial. Passive congestion is generally of venous origin; but, under *Gelsemium*, this passive hyperæmia refers to both arteries and veins. In addition to this nervous action of the drug it has something of an affinity for the mucous surfaces, giving rise to catarrhal inflammations. It is not difficult with this outline of the drug to fill in the characteristics.

We find that, in obedience to its paralytic action, it causes diplopia. This double vision, when *Gelsemium* is the remedy, comes from paresis of the muscles of the eye.

Ptosis, or paralysis of the upper lid, calls for *Gelsemium* when it is associated with thick speech and suffused redness of the face. The eyeballs feel sore, this soreness being worse on moving the eyes. In this last symptom it is similar to *Bryonia*.

In ptosis we may compare *Gelsemium* with *Causticum*, *Rhus toxicodendron*, *Sepia* and *Kalmia*. *Rhus tox.* is useful in ptosis or, in fact, in paralysis of any of the ocular muscles, when the disease occurs in rheumatic patients as a result of getting wet.

Sepia is indicated in ptosis, when the disease is associated with menstrual irregularities.

Kalmia is also useful in ptosis of rheumatic origin, when attended with sensation of stiffness in the lids.

Causticum, in ptosis of rheumatic subjects.

There is difficulty in swallowing, dysphagia, as it is called. This symptom is due to defect in the muscles of deglutition.

Aphonia, or want of voice, may be present. The patient may whisper, but can scarcely utter any sounds, on account of the paretic state of the laryngeal muscles. This symptom is frequently observed in hysterical women after emotion, especially after emotions of a depressing character. Paralysis after emotion is noted under other drugs; for example, under *Natrum mur.*, the arm almost loses its power after a fit of anger.

The heart is affected by *Gelsemium*. The patient, on going to sleep, is suddenly aroused with the feeling that the heart will stop beating. He feels that the heart would cease to beat if he did not move about. Here the heart muscle is in a weakened state, and there is a sort of instinct on the part of the person to move about to stimulate the heart muscle to act.

Digitalis has a symptom just the reverse of that of *Gelsemium* above-mentioned, namely, the patient fears that the heart will cease beating if he makes any motion.

Grindelia robusta has great weakness of the heart and lungs. When the patient drops off to sleep, he wakes up suddenly with a sensation as if the respiration had ceased.

In post-diphtheritic paralysis, *Gelsemium* is our most valuable remedy. In one very severe case of this disease under my care, *Gelsemium* effected a perfect cure. The child did not have sufficient strength to hold herself up. The spine in the upper cervical region was bent backwards. One side of the body was paralyzed. In attempting to walk, the child would shuffle along as though she had no control over the muscles. If she attempted to turn around, she would fall. The speech was thick and heavy, as though the tongue were too large for the mouth. There was marked strabismus. Sensation was nearly perfect. I ordered the patient to be stripped twice a day and laid on the bed and well rubbed. I gave her *Gelsemium*. Under the use of this remedy she made a perfect recovery.

I doubt if *Gelsemium* will cure paralysis of organic origin, when there are alterations in the brain, the spinal cord, or the peripheral nerves themselves.

Gelsemium is useful in some cases of headache.

I said, a few moments ago, that this remedy causes a passive congestion, and by that I mean not a violent, sudden afflux of blood to a part, but that condition of the blood vessels in which they are dilated, just such a condition as I mentioned, the other day, under *Ferrum phos.* The headache begins in the nape of the neck, passes up over the head, and settles down over the eyes. It is usually worse in the morning, and is accompanied by stiff neck. The face is a suffused red. The eyes grow heavy and bloodshot. There is great difficulty in lifting the upper lids; often, too, the speech is thick, as though the tongue were unwieldy. Altogether, the face has the appearance of one under the influence of liquor. Thought, too, is slow, so that the patient answers questions either slowly or imperfectly.

This condition is accompanied by a pulse which is full and round, which seems to flow under the fingers like a current of water. It is exactly like the *Aconite* pulse, except that it lacks tone, *i. e.*, the hard, unyielding pulse that *Aconite* has.

Here, then, you have symptoms which ought to suggest *Gelsemium* in a variety of diseases. How useful it ought to be in the congestive stage of spotted fever. This remedy has, in addition to the symptoms already mentioned, another which is characteristic of spotted fever; that is, depression. The system seems to be laboring under some poison which it cannot overcome. So you have every indication here for the use of this drug in that dreaded disease. When the case advances to active inflammation, when there is effusion, *Gelsemium* steps out and gives place to other remedies. In addition to the form of headache above described, there is another which is associated with a feeling as though there were a band around the head or across the forehead.

Now, for the fever that *Gelsemium* produces. *Gelsemium* causes a fever which is remitting or intermitting in its type. You will find it a valuable remedy in the remitting types of fever in children. You find the patient drowsy and tossing about the bed in agony. (You cannot give *Aconite* in these cases, unless the mental symptoms of that remedy are present.) The face is

red; it has this suffused redness, of which I spoke a few minutes ago. When the child is aroused from this drowsy state, it is peevish, irritable, nervous or somewhat excitable, but never has the violent tossing about of *Aconite*. In extreme case, the the drowsiness may give place to convulsive motions. The muscles of the face twitch; the child becomes rigid, as though it were about to have a convulsion. There is usually not very much thirst, but there is great prostration, so that the child seems too weak to move. The child is also sore; every part of the body seems to be so sore that he cries out if you move him. These symptoms will remit and, possibly, the next morning slight perspiration will show itself. The next afternoon, the symptoms return as before.

In intermittent types of fever you may select Gelsemium in the beginning. The chill runs up the back. This is followed by fever with the same symptoms that I have already mentioned. This fever is followed by sweat, which relieves the symptoms. It is especially indicated in chills and fever in new neighborhoods.

In adults, we find Gelsemium the remedy in bilious fever, particularly bilious remittent fever. The reason that it is useful in bilious fever is that it causes a passive congestion of the liver. The blood flows sluggishly through the liver. It is not the same portal stasis that you find under *Nux vomica*, but it is a lazy flow of blood. Thus the liver becomes overcharged with blood, the bile cannot be properly secreted, and you have a bilious type of fever.

In *typhoid fever* Gelsemium is indicated, particularly in the initial stages; when, during the first week, the patient feels sore and bruised all over, as if he had been pounded. He dreads to move. He has headache. More than that, he has lost muscular power. He is drowsy, and has this same suffused red face. In these cases, Gelsemium will so modify the course of the fever that the patient will pass through it with comparatively mild symptoms.

We may find Gelsemium indicated in *catarrhs* excited by warm, moist, relaxing weather, with excoriating discharge from the nose, making the nostrils and the wings of the nose raw and sore.

There are frequent sneezing and sore throat, the tonsils being red and somewhat tumefied, with difficulty in swallowing. I would remind you in passing that this difficulty in swallowing is not what it is under *Belladonna*. Under *Belladonna* the difficulty comes from the extent of the swelling. That is true of Gelsemium also. Secondly, it comes from spasmodic contraction of the fauces, owing to the hyperæsthesia of the nerves. The minute water touches the throat it is expelled through the nose. With Gelsemium the dysphagia comes from the parietic state of the muscles, or the patient was muscularly weak when he caught cold. With this cold you will find dry, teasing, tickling cough, with very little expectoration. You will find general prostration, and often, too, neuralgia of the face.

In *prosopalgia*, Gelsemium may be of use when the disease affects one side. It is intermittent in its type. The seventh pair of nerves is involved. The patient makes all sorts of grimaces.

Gelsemium has some slight action on the skin. It produces an itching and redness of that tissue, this itching being violent enough to prevent the patient from falling asleep. A little eruption, consisting of small pimples, and somewhat resembling that of measles, may appear. Gelsemium may be used in measles, in the beginning, when fever is a prominent symptom, and we have present the coryza of the remedy; watery discharge from the nose, excoriating the wings of the nose and upper lip. There is apt to be associated with this a hard, barking, croupy cough, with hoarseness.

Aconite, other things being equal, is the best remedy we have for the beginning of measles. If you find a case that you presume is going to be measles, with fever, restlessness, photophobia, coryza, sneezing, and hard, croupy cough, you are justified in giving *Aconite*. *Pulsatilla* is not the remedy if there be any fever.

When moisture breaks out with the fever *Belladonna* is more likely to be the remedy.

If there is drowsy state and suffused face you may give Gelsemium in the beginning of the eruptive disease, even if there be convulsions present.

Next I want to speak of the action of Gelsemium on the genital organs. On the male organs, Gelsemium produces a condition very nearly approaching impotence, frequent involuntary emissions at night, with relaxation of the organs, no lascivious dreams, and often cold sweat on the scrotum. The organs are relaxed. It is indicated especially in those cases which arise from masturbation.

I would have you note here another remedy, namely, *Dioscorea*. This is excellent for what we may term atonic seminal emissions; when there is a passive state; two or three dreams in a night with emissions of semen. The day following the emissions the patient feels weak, particularly about the knees. In these cases I know of no remedy like *Dioscorea*. I usually give it first in the 12th, afterwards in the 30th.

Caladium seguinum is indicated for the bad effects of sexual excesses, when wet dreams occur without any lasciviousness, or any sexual excitement whatever.

Agnus castus is the remedy for spermatorrhœa in old sinners.

Other remedies which may be compared with Gelsemium in its action on the male organs are *Digitalis*, *Phosphorus*, *Nuxvomica*, *Calcarea carb.*, *Lycopodium*, and *Camphor*.

In *Gonorrhœa*, Gelsemium is indicated in the beginning, when there is marked urethral soreness. There are also burnings at the meatus and along the line of the urethra. The discharge as yet is slight, not having become purulent. The disease may have been suppressed, and as a result is complicated with epididymitis. In gonorrhœal rheumatism it may be a useful remedy.

In diseases of the female organs Gelsemium is an invaluable remedy. First of all we find it useful in rigid os uteri. You must not confound this with the more common condition, spasm of the os, which calls for *Belladonna*. Often we find in labor, after it has lasted several hours, that there has been tardy dilation of the os. The examining finger finds the os unyielding, hard and thick. The rigid os calls for Gelsemium.

Another condition, exactly opposed to this, calls for Gelsemium, namely, complete atony of the uterus. The neck of the uterus is soft as

putty. It is perfectly flabby. The body of the uterus does not contract at all. The bag of waters bulges freely from the os. There is no attempt whatever at expulsion. In such cases give a few doses of Gelsemium.

In the premonitory stages of *puerperal convulsions* Gelsemium is an admirable remedy. The patient is usually drowsy, and has twitching of different parts of the body. The os is either rigid, as I first mentioned, or else everything is perfectly inactive, the pulse is full and large, but soft. Pain seems to go right through the stomach, and then backwards; sharp cutting pains that seem to go right through the neck of the uterus, and then upward. With these pains the face flushes.

Gelsemium is useful for the effects of emotions, particularly after fright or fear. A suddenly-appearing diarrhœa coming on from effects of excitement calls for Gelsemium. The stools are copious, yellow, and papescent. The tongue is coated white or yellowish.

Other remedies coming into play in cases of diarrhœa arising from emotional influences are *Opium*, *Veratrum album*, *Argentum nitricum*, and *Pulsatilla*.

Opium in cases coming on as a result of fright.

Veratrum album in diarrhœa after fright, associated with cold sweat on the forehead.

Argentum nitricum when diarrhœa follows great excitement, especially when the imagination has been played upon.

Pulsatilla in diarrhœa from fright, when the stools are greenish, yellow, and slimy, or very changeable.

Conium, *Physostigma*, and *Tobacum* intensify the action of Gelsemium. — *Hahnemannian Monthly*.

Mercurius Corrosivus in the Hands of the Allopaths.

THE history of the use of *Corrosive Sublimatum*, or, as we prefer to call it, *Mercurius Corrosivus*, among the allopaths during the last twelve months or so is most instructive. The discovery having been made that this substance is one of the most powerful of all destroyers of

living organisms, it was at once dubbed "the antiseptic" *par excellence*; and *Carbolic Acid* being at the time not a little discredited, *Corrosive Sublimate* rapidly came to the front. "Antiseptic" was its name, and the idea that it could do anything more than act as an "antiseptic" did not appear to have occurred to the allopathic mind. The scientific having decided that it was an antiseptic, it would be really impertinent on the part of the drug to do anything else than "antisept"—if we may be allowed to coin a word. This is just what happened with *Carbolic Acid*. *Carbolic Acid* was and is an antiseptic; it was and is used as an antiseptic; the idea being that when an agent is *used* as anything it must do that same thing and nothing else. If *Arsenic* is "used as a hæmætic tonic," it must restore the quality of the blood; if *Rhubarb* is "used as a stomachic tonic," it must act as a restorative of the strength of the stomach. Such is the inference—that the action of a drug depends on what it is "used as," and not on its own inherent properties. And so, when it has been decided that *Carbolic Acid* is an antiseptic, and when those who employ it say that they "use it as an antiseptic," nobody imagines that it may possibly have another action besides that of destroying germs, and that the germ destroying power may not be the explanation of its good effects when they ensue. In spite of the fact that a large number of patients on whom *Carbolic Acid* has been "used as an antiseptic" have died with hæmaturia, and that others have died from its use with symptoms of blood poisoning which it has been difficult to distinguish from the symptoms of ordinary septicæmia, *Carbolic Acid* still continues to be an "antiseptic," and the word "antiseptic" is thought to be a sufficient explanation of its action.

And now the new antiseptic agent, *Mercurius Corrosivus* is behaving in the same unseemly way as its brother germ-destroyer, *Carbolic Acid*. It has been "used as an antiseptic," and the users have forgotten that the drug was not bound to do only that for which they used it. It was most irritating to have the unruly substance behave as it has always done, and not as it was expected to do by the antiseptic surgeons. These

offended dignitaries could hardly believe their experience at first; and the *Lancet* published in February last (28th) an editorial note on what it thought fit to term "*Alleged (!) Dangers in the Use of Corrosive Sublimate as an Antiseptic Agent.*" This is of such extreme importance that we reproduce it entire:

"Dr. Fraenkel, of Hamburg, draws attention (*Virch. Arch.*, 99 ii.) to an almost unsuspected danger arising from the too free use of corrosive sublimate as an antiseptic agent. His remarks are in the first placed based upon a case recorded by Stadfelt, of death with dysenteric symptoms following upon intra-uterine injection of a solution of sublimate (1 in 1,500) after adherent placenta, and are supported by the results of post-mortem examinations of surgical cases in which this solution was employed. In all these cases (fourteen in number) severe ulcerative lesions were found in the large intestine, but Dr. Fraenkel admits that in only two of these could the lesion be said to have caused the death of the patient. The appearances presented by the diseased bowel resembled those of acute dysentery—viz., more or less extensive areas of necrosis of the mucous membrane, with intense surrounding inflammation. He combats the notion that the intestinal lesions depended on septicæmia, mainly on the ground that in no case were any other of the lesions characteristic of septicæmia or pyæmia present, nor did the cases run the clinical course of blood-poisoning. Although the paramount value of corrosive sublimate as an antiseptic must be admitted, its employment is nevertheless not free from risk. Its immoderate use as an external application is liable to excite the diphtheritic-like inflammation of the large and sometimes of the small intestine, which is recognized clinically by tenesmus, colic and bloody stools. But so far the renal changes supposed to be characteristic of sublimate poisoning have not been observed in surgical practice. The intestinal affection is most liable to occur in individuals whose nutrition is defective, or who are very fat, especially those with fatty hearts; and particularly if the sublimate has been in contact with large exposed and absorbing surfaces, as the

peritoneum or uterus; therefore care should be taken to use only the weakest solutions consistent with their antiseptic property, and especially not to use them too frequently as intra-uterine injections."

It is scarcely credible that the destructive power of *Corrosive Sublimate* should have been "almost unsuspected" by a man of the standing of Fraenkel, though we are not astonished at the editor of the *Lancet* quoting this experience as betokening merely an "alleged danger." The editor of the *Lancet* is not remarkable for his sagacity. But let us look at the facts. *Corrosive Sublimate* is used in what might seem a weak dilution—1 in 1,500—more attenuate, in fact, than our 3d decimal—as "an antiseptic." Probably it *did* kill a few germs and minute living organisms, and so it *may* have fulfilled the intention of its users. But not only did it kill the germs—it killed the patients, fourteen in number. How many others it has killed before and since, when "used as an antiseptic," it is impossible to say. This "antiseptic" produced dysentery, diphtheritic ulceration, and symptoms of blood poisoning. What is to be said of this action? Has it any bearing on the sphere of its curative powers? It is used in states of blood poisoning, and it will cause death with the symptoms of blood poisoning. Is there any relation between these two facts? "Oh, no!" says the allopathist, "it acts as an antiseptic." It causes ulceration, and it is used for the same condition; surely there is a hint of homœopathy here. "Not at all," says the allopath, "it is used as an antiseptic." But if it is an antiseptic only, how is it that it kills so many patients as well as the microbes? "That I cannot tell," says the allopath; "all I know is that it is 'used as an antiseptic.'"

It is amusing to see how ready "our friends the enemy" are to adopt our practice as soon as they can get a colorable excuse. *Corrosive Sublimate* has now become a fashionable "antiseptic," and it can now be used for all cases of ulceration, such as homœopaths have been in the habit of curing with it for generations past, without any suspicion of flirting with homœopathy. In this way it has been adopted

for the treatment of ulceration of the eyes—as an "antiseptic" lotion, of course. But the curious part of it is that in using homœopathy in this way (even though they dub the treatment "antiseptic") they are obliged after killing by their stupidity a large number of patients, to dilute it to an almost unheard of extent. We understand that at Moorfields a solution of 1 in 50,000 is the favorite strength. This is in point of attenuation somewhere between the 2d and 3d centesimal dilutions of Hahnemann. But though there is nothing produces ulceration so surely as *Corrosive Sublimate*, and nothing produces such rapid cures, according to our clumsy imitators, this is not homœopathy—it is "antiseptics."—*Homœopathic World*.

Causes of Sudden Death After Middle Life.

BY J. MARTINE KERSHAW, M.D., ST. LOUIS.

THE principal causes of sudden death in those beyond the age of sixty years are heart disease and cerebral hemorrhage. I shall not undertake to enumerate all the various diseases of the heart that are likely, at any moment, to terminate fatally. Suffice it to say, that back of the heart trouble and back of the brain difficulty that may at any time result in cerebral hemorrhage, is the real cause of it all—arterial degeneration. True, a heart's wall may rupture, an abscess may eat its way through this organ and cause the immediate death of the patient, but the majority of cases are due to the degeneration of the circulatory apparatus, and this difficulty ordinarily begins as an inflammation of the arteries. Charcot believes that the cause of cerebral hemorrhage is the rupture of small miliary aneurisms that have developed from disease in the perivascular sheath of the arteries. Degeneration takes place from without inwards. This is a true periarteritis. Atheromatous disease of the blood vessels, after passing through several stages, leaves the vessels hard, inelastic, calcareous tubes. Spiculæ of calcareous

matter projecting into the vessels obstruct the circulation, interfere with nutrition, and often lead to softening of the brain. Having arrived at a conclusion as to the cause of the many sudden deaths that take place about us, what are we to do to prevent such fatal results in those predisposed to the troubles under consideration?

A man of sixty-five or seventy years of age must expect nature to fail somewhat, but when he observes symptoms of disease and is told what they mean, it is neither comfort nor satisfaction to be informed that a better life forty years ago would have prevented the difficulty now present. I particularly refer to exposure, intemperance, dissipation, irregular hours as regards sleeping and eating, and excessive mental strain and worry. Alcoholic over-stimulation, however, is a potent factor in the production, and dilatation of the arteries of the brain. A heart made to work at full speed, by means of artificial stimulants, will, like the horse, or steam engine, break down from the wear and tear of overwork; while the vessels of the brain, like the outstretched piece of rubber, will snap and break when the tension becomes too great for it to longer withstand the strain. Most men of sixty years of experience would probably turn over a new leaf and try it again if they had the opportunity to do so, but as this is impossible, what are we to do with the individual as we find him? How shall we manage a weakened heart and brain, how avert the threatening symptoms and give him a new lease of life of five, ten, or fifteen years? A man having symptoms which point to apoplexy—red face, throbbing headache, numbness of arms and legs—comes to us to know how best to ward off or entirely prevent the development of disease. It is our business to tell him this, and to tell it clearly and distinctly. It is also our business to use medicines and measures of a positively acting character to accomplish that which will ordinarily admit of little delay. All the short-cuts possible should be employed. A radical change in his habits of life must commonly be made. Most men protest against any abrupt change of habits or mode of living that is inconvenient, expensive or troublesome. They obstruct you constantly by means of weak ex-

cuses and petitions for delay. Such men usually throw away every life-plank held out to them and drift away to death, through sheer lack of will to stand up and make a manly fight for life. No doctor can do much for his patient who can not think and act positively in a matter of such grave importance. He must not only think and do himself, but make his patient think and act. Hesitation on the part of the physician, and procrastination and delay on the part of the patient, may mean death to the latter individual, while the employment of promptly-acting measures for relief may mean improved general health and many years of life. The general health of the individual should be built up if possible. A weak heart should receive support and perhaps gentle stimulation. An overacting, irregular heart should be regulated. A patient with such a heart should avoid stimulants as a rule.

As an organ it is overtaking itself, and what is worse, it is over-charging with blood and straining the perhaps already weakened vessels of the brain. The subject should retire at a regular hour each night and obtain from eight to ten hours of sleep. When there is reason to suspect a change in the cerebral arteries, the patient should habitually sleep with the head high. The force of the heart's impulse upon the vessels of the brain is thus lessened, the quantity of arterial blood in that organ diminished, while the venous blood is permitted to flow away from the brain more easily. This is a simple and effective way of regulating the cerebral circulation. The patient should eat at regular hours. His food should be substantial, non-stimulating, and eaten slowly. He should never eat to repletion, but rather leave the table a little hungry. He should never think of business while eating. His stomach needs a surplus of blood to digest the food, and cannot afford at such a time to divide with the brain. Our patient should never get angry, certainly not during or immediately after a meal. A violent fit of anger and a full stomach will kill most men with weakened cerebral arteries who are past sixty years of age. Business worry should be stopped, no matter what the cost. Straining or lifting should be strictly avoided, as also bending of the body or neck. Moderate

exercise should be taken every day. A man threatened with apoplexy should be moderate in everything, and, as far as physical exercise is concerned, slow to the extent of being positively lazy. As a remedial agent, electricity stands at the head.—*Periscope*.

College Notes.

IS your Thesis handed in?

No more cushion throwing.

"LET it be remembered that the physician is Nature's servant, not her master."—*Flint*.

NOT a marriage to report this issue. Although we *might* speak of some that will occur very shortly.

MAYOR BECKWITH, of Paterson, New Jersey, has appointed Dr. T. Y. Kinne, a homœopathist, to membership in the local board of health.

DR. R. B. SULLIVAN, '75, now located in Albany, but formerly of Baldwinsville, N. Y., called at the college recently. Every number of THE CHIRONIAN has visited him thus far.

As far as we have been able to learn our college stands alone in being the headquarters of a Tobogganing Club. Any further particulars may be obtained by addressing the President.

OUR beloved Professor of Surgery, Dr. Helmuth, was lately elected honorary Professor of Surgery to the Hahnemann Medical College of San Francisco.

DR. E. L. WYMAN, '75, located at Factory Point, Vermont, is at present burnishing up a little at his *Alma Mater*, and also attending lectures at the Polyclinic.

DR. F. H. BOYNTON, '74, who has made the study of the eye and ear a specialty for a number of years, has been elected a Senior Surgeon to the Ophthalmic Hospital.

THREE out of the four men chosen to represent the Class of '86 in different ways at the Commencement exercises were from the staff of CHIRONIAN editors.

PROFESSOR: "Tell me what is the action of Pulsatilla on the eye."

Student: "It produces ophthalmia neonatorum, sir."

DR. ARTHUR KENNEY, '84, who held the position of Resident Physician in the Dispensary until last spring, was in from Somerville, New Jersey, where he is now practicing, a short time since. The boys all gave him a hearty welcome.

THE Committee on Music have succeeded in finding a large amount of talent that had been modestly hidden from view, and will appropriate it all for the general good of the Society and College.

PROF. ARCULARIUS gave the concluding lecture of his special course on Dermatology, January 26th. The Doctor has given the lectures with his usual vim, and illustrated them with an unusual amount of clinical material.

DR. C. P. HOPPER, '83, who has held the position of Resident Pharmacist to the New York Ophthalmic Hospital for a number of years, has resigned, and G. M. Smith, '87, has been appointed in his place, with Vanderwerker, '88, as his assistant.

OUR well-known lecturer, Prof. S. H. Talcott, addressed the General Society of Mechanics and Tradesmen of the City of New York at Steinway Hall, February 4, 1886. The subject of the Doctor's lecture was "The Brain, its Uses and Abuses."

PROF. BEEBE, who was invited by the Committee of Arrangements to deliver the address at the annual exercises of the Hahnemannian Society, has consented to do so. The committee showed good taste in their selection. With such a speaker and so pleasant a meeting place as the University Club Theatre, the exercises ought to be more than usually enjoyable.

MRS. PARTINGTON having left her son Isaac home to watch the fire-escape, came with her daughter Nancy to Prof. Helmuth's clinic a short time ago. Nancy had fallen down stairs a few days before, and Mrs. P. had anointed the contused part with some "liniment, sor."

Prof. H.: "What kind of liniment was this?"

Mrs. P.: "And it was some I kape in the house—some *pneumonia liniment*, sor."

THE project to have a group-picture taken in the ampitheatre, with each man in his own seat, meets with general favor among the members of the Senior Class. Such a picture would be a pleasant souvenir of the place in which so many battles have been lost and won. It is proposed that the "Toboggan Club" be taken seated on their "steed."

ON Wednesday, January 20th, nearly all of the students went up to the Ward's Island Hospital for the usual monthly clinic. The subject for the day was "Diseases of the Breasts and the Operations." Two breasts were removed in patients. The boys thoroughly enjoy these afternoons. The trip to and from the Island takes some little time, but many take along their note-books and Materia Medica cards.

Class of Eighty-eight.

January 26, 1886.

MEETING was called to order at 1:05 P.M., with President Platt in the chair.

Mr. E. S. Smith handed in the following resolutions, which were read by the Secretary:

Resolved, That it is the desire of the Class of '88 that the schedule of lectures for the coming year shall be so arranged that the lectures on Anatomy and Materia Medica shall not conflict.

Resolved, That the President of the class and two others whom he shall select be appointed a Committee to wait on the Dean and present this request.

The above resolutions were adopted.

President Platt appointed Mr. E. S. Smith and Mr. J. P. Fletcher to act with him as a Committee. The meeting was then adjourned.

W. H. HAVILAND, *Secretary*.

THE Homœopathic Medical Society of the State of New York will meet on February 9th and 10th at Albany. The papers announced to be read will be "Treatment of Chorea," Prof. S. Lilienthal, M.D.; "Dulcamara as a Remedy in Catarrh of the Middle Ear," W. P. Fowler, M.D., '72; "Tissue Remedies in Diseases of the Ear," Prof. H. C. Houghton, M.D.; "Management of the Third Stage in Labor," E. H.

Wolcott, M.D., '81; "Urethral Stricture of Large Calibre," J. M. Lee, M.D., '62; "Oedema of Lungs and Pleuritic Effusions," W. C. Latimer, M.D., '81; "Dropsy from Anæmia," W. M. Decker, M.D., '76; "Oedema Glottidis," A. S. Couch, M.D.; "the Value of Ovarian Pathology in Etiology of Mammary Neoplasms," H. I. Ostrom, M.D., '73; "Tracheotomy in Diphtheritic Laryngitis with Post-operative Treatment," J. D. Spencer, M.D., '78; "Conjunctivitis Trachomatosa," W. N. Bell, M.D., '82; "Phlyctenular Ophthalmia," A. G. Warner, M.D., '83; "Clinical Cases," A. B. Norton, M.D., '81, and a number of other interesting papers. Eleven applicants will be voted upon for membership, among them L. A. Bull, M.D., '81; C. E. Campbell, M.D., '84; A. M. Gamman, M.D., '76; A. B. Norton, M.D., '81; H. I. Ostrom, M.D., '73; E. H. Wolcott, M.D., '81.

Prof. H. F. Biggar, A.M., M.D., will deliver an address on "Medical Progress."

THE New York Society for Medico-Scientific Investigation, founded in June, 1883, by a few of the younger members of the Homœopathic School, deserves more than a passing notice. The object of the society, as indicated by its title, is original investigation in medicine and correlated sciences. Its membership has increased from ten to thirty-five members. By no means the least important feature of the society is its library. This now embraces in round numbers:

800 bound volumes,
1,200 unbound volumes,
1,000 pamphlets.

There are also forty journals current on file, contributed by the publishers or by members. It is hoped that some plan of co-operation may soon be reached whereby the students may have the benefit of the library.

The officers elected at the last annual meeting are:

President, SIDNEY F. WILCOX, '80;
Vice-President, S. H. VEHS�AGE, '79;
Secretary, MALCOLM LEAL, '79;
Treasurer, C. S. MACY, '81;
Librarian, ALTON G. WARNER, '83.